

If the district is already an enrolled provider, DMS will automatically assign a clinic number. DO NOT complete the enrollment outlined process below, skip to Individual Provider Enrollment Instructions. If the provider is already enrolled as a Medicaid Provider, do not complete the Individual Provider Enrollment Instructions. DMS will automatically assign all needed numbers. Go straight to <https://nppes.cms.hhs.gov/NPPES/Welcome.do> and complete enrollment process for NPI.

District Enrollment Instructions

1. Go to <http://peu.momed.com/momed/presentation/commongui/PeHome.jsp> to start the enrollment process.
2. Read through the instructions given on the web page before clicking at the bottom of the page.
3. Select “New Provider Enrollment Application”
4. Select “50 Clinic/Group” from the drop down box under Provider Type. This will start the enrollment application process. Enter the information required in each of the following fields.

RED = NOT REQUIRED FIELDS

PART 1

Field 1 - Business Name: Enter the School District Name

Field 2 – Business Telephone Number: Enter the district’s main telephone number.

Field 3 – Provider Address: Enter the district’s main address.

Field 4 – City: Enter the district’s city.

Field 5 – State: Choose MO from the drop down box.

Field 6 – Zip Code: Enter the district’s zip code.

Field 7 – County: Enter the district’s county.

Field 8 – Social Security Number: Not required, leave blank.

Field 9 – Date of Birth: Not required, leave blank.

Field 10 – License Number: Not required, leave blank.

Field 11 – Payee Name Registered with IRS: Enter the district’s name as registered with the IRS.

Field 12 – Payee Address: Enter the district’s address as registered with the IRS.

Field 13 – Tax ID#: Enter the district’s tax id number as registered with the IRS.

Field 14 – Type of Practice: Choose “6 – CITY, MNCIPL,CNTY,DIST, ST-OWNED” from the drop down box.

Field 15 – Choose Specialty: Choose “TI- IEP Therapy” from the drop down box.

Field 15a – National Provider Identifier: Enter the NPI if known, if not, leave blank.

Field 15b – Enter Valid Taxonomy Code: Not required, leave blank.

Field 16 – CLIA Number: Not required, leave blank.

Field 17 – Certified by the Dept of HSS: Select NO for all three options.

Field 18 – Optical and Audiology Services: Not required, leave blank.

Field 19 – Collaborative Practice Agreement: Not required, leave blank.

Field 20 – Rural Health Clinic: Select No.

Field 21 – Medicare Provider Number: Not required, leave blank.

Field 22 – Case Management Services: Select No.

Field 23 – Rural Health Status: Not required, leave blank.

ENTER EMAIL ADDRESS FOR MAIN CONTACT UNDER “PROVIDERS EMAIL

ADDRESS FIELD”

PART 2

Applicant Name: Enter the district’s name

Contact Person: Enter the district’s main contact for Medicaid billing.

Phone: Enter the district’s phone number for this person.

Contact Person email: Enter the district’s email address for this person.

Section 1: In order to submit the documentation required for this section, each district will have to fax a list of each therapist with the other required documentation. Since the district does not yet have a Clinic/Group Provider Number, leave this field blank.

Section 2: Select NO from the drop down box. This application is being made due to regulation changes, not because of any of the reasons listed on the application. Leave the rest of the fields in this section blank.

Section 3: Enter the name of the board members of the school district in this section.

Section 4: Select School district under the options listed.

Section 5-16: Select NO to all of these questions. They do not apply to school districts.

Part 3

Routing Number: Enter the routing number of the bank for electronic deposits for the district.

Depositor Account Number: Enter the account number of the bank for electronic deposits for the district.

Type of Account: Select Checking or Savings as the account type.

Financial Institution Name: Enter the name of the bank.

Address: Enter the address of the bank.

Branch Name: Not required, leave blank.

Telephone Number: Enter the telephone number of the bank.

Check YES for each item to agree to all of the terms and conditions in order to participate in direct deposit.

Part 4

Check YES for each item to agree to all of the terms and conditions in order to enroll as a Medicaid provider.

Part 5

Sign the Provider Agreement Form and fax all required documentation to (573) 634-3105. See required documentation at the bottom of the signature page.

AFTER COMPLETING THE MISSOURI MEDICAID PROVIDER ENROLLMENT FOR THE DISTRICT, PLEASE GO TO <https://nppes.cms.hhs.gov/NPPES/Welcome.do> AND ENROLL FOR A NATIONAL PROVIDER IDENTIFIER (NPI).